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In This Issue . . .

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

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Maternal and Infant Mortality in the United States, 1942

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Note.—The data on which this article is based are taken from reports of the Vital Statistics Division of the Bureau of the Census.

The 1942 continuation of the decline in the maternal and infant mortality rates is particularly encouraging to all persons interested in public health, in view of the fact that these rates are generally accepted as sensitive indexes of public-health conditions.

In 1942 the maternal mortality rate for the United States as a whole was 25.9 (per 10,000 live births), and the infant mortality rate was 40.4 (per 1,000 live births).[1] The low level of these two rates for the United States as a whole, however, should not blind us to the fact that not all areas of the country and not all groups of the population show equally satisfactory conditions. For example, 18 States had maternal mortality rates higher than the rate for the country as a whole, and 23 States had infant mortality rates higher than that for the country as a whole.

As figures 1 and 3 show, the general trend of both maternal and infant mortality has been downward since 1930 for both Negroes and whites. Although the rates declined more sharply for Negroes than for whites from 1941 to 1942, the 1942 maternal mortality rate for Negroes was about the same as that for whites in 1934, and the 1942 infant mortality rate for Negroes was about the same as that for whites in 1928.

The birth rate for 1942 was 21.0 live births per 1,000 estimated population, a rate higher than for any year since 1925, when it was 21.3. The number of births registered was 2,808,996, the largest number ever registered in the country, and there is reason to believe that at least another 200,000 infants were born whose births were not registered.[2]

Table 1.—*Live births by race; United States and each State, 1942*[1]

Area	Total	White	Negro	Other races	Proportion of Negro to total (percent)	Area	Total	White	Negro	Other races	Proportion of Negro to total (percent)
United States	2,808,996	2,486,934	307,777	14,285	11.0	Montana	11,735	11,026	12	697	.1
						Nebraska	23,676	23,381	202	93	.9
Alabama	71,136	45,222	25,891	23	36.4	Nevada	2,782	2,605	15	162	.5
Arizona	12,664	11,281	316	1,067	2.5	New Hampshire	9,173	9,160	12	1	.1
Arkansas	42,680	32,618	10,050	12	23.5	New Jersey	81,709	76,254	5,429	26	6.6
California	154,567	148,483	2,681	3,403	1.7	New Mexico	14,129	13,497	104	528	.7
Colorado	23,566	23,172	248	146	1.1	New York	244,802	233,795	10,505	502	4.3
Connecticut	37,264	36,396	859	9	2.3	North Carolina	89,854	62,081	26,772	1,001	29.8
Delaware	5,657	4,761	893	3	15.8	North Dakota	13,357	12,994	4	359	(2)
District of Columbia	15,179	10,090	5,048	41	33.3	Ohio	144,327	138,085	6,211	31	4.3
Florida	40,901	29,512	11,359	30	27.8	Oklahoma	46,008	41,012	3,007	1,989	6.5
Georgia	72,491	45,507	26,971	13	37.2	Oregon	22,518	22,203	41	274	.2
Idaho	11,454	11,327	1	126	(2)	Pennsylvania	197,177	186,349	10,771	57	5.5
Illinois	156,232	147,724	8,407	101	5.4	Rhode Island	14,182	13,896	281	5	2.0
Indiana	73,706	71,220	2,472	14	3.4	South Carolina	48,835	25,865	22,948	22	47.0
Iowa	48,454	48,141	281	32	.6	South Dakota	12,424	11,627	5	792	(2)
Kansas	33,920	32,752	1,111	57	3.3	Tennessee	65,147	54,900	10,241	6	15.7
Kentucky	66,267	62,619	3,644	4	5.5	Texas	144,742	126,424	18,243	75	12.6
Louisiana	58,093	35,082	22,923	88	39.5	Utah	15,822	15,633	22	167	.1
Maine	17,719	17,673	14	32	.1	Vermont	7,175	7,174	1		(2)
Maryland	44,237	35,985	8,235	17	18.6	Virginia	67,950	50,911	16,998	41	25.0
Massachusetts	82,773	81,660	1,044	69	1.3	Washington	39,007	38,244	81	682	.2
Michigan	123,886	118,784	4,867	235	3.9	West Virginia	43,922	41,412	2,504	6	5.7
Minnesota	58,770	58,198	60	512	.1	Wisconsin	63,982	63,329	213	440	.3
Mississippi	56,667	25,566	30,979	122	54.7	Wyoming	5,567	5,401	25	141	.4
Missouri	70,711	65,903	4,776	32	6.8						

[1] Tabulations are by place of residence of mother of child.
[2] Less than 0.1 percent.

[1] Final figures for 1943 are not yet available. Provisional figures for 1943 indicate a birth rate of 21.9 live births per 1,000 estimated population, and an infant mortality rate of 39.9 deaths per 1,000 live births. No provisional figure for maternal mortality for 1943 is available.

[2] The Bureau of the Census has estimated that the 1942 birth registration was 92.5 percent complete.

TABLE 2.—*Number and percent of births, by race, according to person in attendance, live births; United States, 1942 and 1941*

Race	Live births	Number attended by—			Percent attended by—		
		Physician		Nonmedical person	Physician		Nonmedical person
		In hospital	In home		In hospital	In home	
1942							
All races	2,808,996	1,906,833	693,921	208,242	67.9	24.7	7.4
White	2,486,934	1,808,121	616,503	62,310	72.7	24.8	2.5
Negro	307,777	89,016	74,855	143,906	28.9	24.3	46.8
Other	14,285	9,696	2,563	2,026	67.9	17.9	14.2
1941							
All races	2,513,427	1,537,719	759,986	215,722	61.2	30.2	8.6
White	2,204,903	1,448,132	688,188	68,583	65.7	31.2	3.1
Negro	294,554	80,424	68,859	145,271	27.3	23.4	49.3
Other	13,970	9,163	2,939	1,868	65.6	21.0	13.4

Almost 300,000 more births were recorded in 1942 than in 1941, and the birth rate rose from 18.9 to 21.0 births per 1,000 estimated population. Negro births in 1942 comprised 11 percent of the total—a slightly smaller proportion than in 1941. The number of births in 1942 for white, Negro, and "other races" is shown in table 1 for each of the States.

Of all the births registered in 1942, 92.6 percent were attended by physicians, either in hospitals or in homes (in 1941 this proportion was slightly lower). The increase in percentage of births with medical attendance was chiefly due to a higher proportion of hospital births for white mothers (possibly a reflection of improved economic conditions). For Negroes the proportion of home deliveries attended by physicians increased slightly, as well as the proportion of hospital deliveries. (See table 2).

The proportion of births occurring in hospitals in 1942 (table 3) ranged from 95.9 percent for Connecticut to 21.5 percent for Mississippi. Thirty-one States had a higher proportion of hospital births than that shown for the United States as a whole.

TABLE 3.—*Percent of births, by person in attendance, live births; United States and each State, 1942* [1]

Area	Percent attended by—			Area	Percent attended by—		
	Physician		Nonmedical person		Physician		Nonmedical person
	In hospital	In home			In hospital	In home	
United States	67.9	24.7	7.4	Montana	89.2	9.5	1.3
				Nebraska	70.4	29.5	.1
Alabama	29.8	42.3	27.9	Nevada	91.2	7.6	1.2
Arizona	73.2	18.3	8.5	New Hampshire	86.4	13.6	(2)
Arkansas	27.7	50.3	22.0	New Jersey	90.2	8.4	1.4
California	92.1	7.3	.6	New Mexico	40.2	32.4	27.4
Colorado	72.7	25.6	1.7	New York	92.2	7.3	.5
Connecticut	95.9	3.9	.2	North Carolina	38.1	41.2	20.7
Delaware	78.0	15.4	6.6	North Dakota	74.6	23.3	2.1
District of Columbia	90.3	9.7	(2)	Ohio	75.4	24.6	(2)
Florida	55.6	22.1	22.3	Oklahoma	55.2	40.9	3.9
Georgia	40.5	29.3	30.2	Oregon	93.4	6.3	.3
Idaho	81.0	18.7	.3	Pennsylvania	73.9	25.9	.2
Illinois	84.9	14.9	.2	Rhode Island	87.3	12.3	.4
Indiana	69.1	30.7	.2	South Carolina	29.9	30.9	39.2
Iowa	72.0	27.9	.1	South Dakota	69.3	29.1	1.6
Kansas	70.1	29.8	.1	Tennessee	37.9	54.9	7.2
Kentucky	27.3	58.3	14.4	Texas	55.6	30.1	14.3
Louisiana	52.4	21.2	26.4	Utah	82.5	16.9	.6
Maine	67.6	31.7	.7	Vermont	70.5	29.5	(2)
Maryland	67.7	26.7	5.6	Virginia	44.8	36.4	18.8
Massachusetts	91.7	8.3	(2)	Washington	94.5	5.3	.2
Michigan	79.2	20.6	.2	West Virginia	32.2	63.3	4.5
Minnesota	79.2	20.2	.6	Wisconsin	77.7	22.1	.2
Mississippi	21.5	32.3	46.2	Wyoming	81.3	18.3	.4
Missouri	59.6	37.0	3.4				

[1] Tabulations are by place of residence of mother of child.
[2] Less than 0.1 percent.

Maternal Mortality

In 1942, 7,267 women died from causes directly due to pregnancy and childbirth. This is a reduction of nearly 700 from the number who died from similar causes in 1941. The maternal death rate in 1942 was 25.9 per 10,000 live births, a reduction of 18 percent from the rate of 31.7 for 1941. This is the lowest maternal mortality rate ever recorded for the United States.

The reduction from 1941 to 1942 was greater for Negroes than for whites, as may be seen from the following comparison:

MATERNAL DEATHS PER 10,000 LIVE BIRTHS

	Total	*White*	*Negro*	*Other*
1942	25.9	22.2	54.9	43.4
1941	31.7	26.6	69.0	42.2
Percent change	*−18*	*−17*	*−20*	*+3*

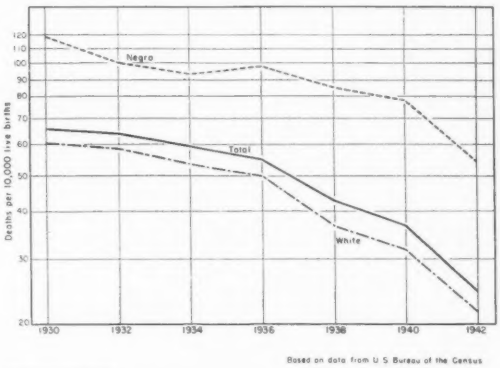
In spite of this encouraging decrease, the rate for Negroes is still more than twice the rate for the white race, so that the battle for saving mothers, especially Negro mothers, is still not won.

Maternal Mortality by States.

In 1942, 31 States had rates as low as or lower than that for the United States. Nevada had the lowest rate (7.2) with New Hampshire next (12.0). The highest rates were 48.1 for New Mexico and 53.2 for South Carolina. Too much dependence, however, should not be placed on the actual size of the maternal mortality rate for an individual State for a single year. In some States the classification of even one more death as due to puerperal causes would change the size of the rate significantly.

Table 4 shows the maternal mortality data for each State in 1942 and 1941. Most of the States had lower rates in 1942, but five States (Arizona, Idaho, Montana, New Mexico, and Wyoming) had higher rates. A reduction in rate of more than 25 percent took place from 1941 to 1942 in 13 States.

FIG. 1—MATERNAL MORTALITY RATES, BY RACE, 1930–42 [1]



[1] Since 1933 all the States have been included in the birth-registration area; in 1930 all but 2 States were included.

TABLE 4.—*Maternal mortality; United States and each State, 1942 and 1941* [1]

Area	1942		1941		Area	1942		1941	
	Number of maternal deaths [2]	Rate (deaths per 10,000 live births)	Number of maternal deaths [2]	Rate (deaths per 10,000 live births)		Number of maternal deaths [2]	Rate (deaths per 10,000 live births)	Number of maternal deaths [2]	Rate (deaths per 10,000 live births)
United States	7,267	25.9	7,956	31.7	Montana	26	22.2	21	18.2
					Nebraska	45	19.0	49	22.3
Alabama	235	33.0	345	53.6	Nevada	2	7.2	9	40.9
Arizona	49	38.7	32	28.0	New Hampshire	11	12.0	24	28.0
Arkansas	158	37.0	164	40.4	New Jersey	162	19.8	179	26.6
California	306	19.8	280	22.4	New Mexico	68	48.1	66	44.8
Colorado	44	18.7	72	33.7	New York	545	22.3	491	23.3
Connecticut	67	18.0	59	20.3	North Carolina	307	34.2	336	39.7
Delaware	9	15.9	11	21.6	North Dakota	29	21.7	29	21.9
District of Columbia	41	27.0	36	27.9	Ohio	300	20.8	321	25.5
Florida	166	40.6	231	61.5	Oklahoma	142	30.9	144	31.4
Georgia	300	41.4	325	47.9	Oregon	38	16.9	43	22.8
Idaho	30	26.2	28	24.0	Pennsylvania	530	26.9	547	31.4
Illinois	326	20.9	340	25.0	Rhode Island	26	18.3	24	20.7
Indiana	178	24.2	167	25.5	South Carolina	260	53.2	300	63.3
Iowa	94	19.4	122	26.5	South Dakota	25	20.1	32	26.3
Kansas	88	25.9	84	27.6	Tennessee	197	30.2	219	36.6
Kentucky	178	26.9	240	37.8	Texas	440	30.4	491	35.9
Louisiana	201	34.6	236	43.2	Utah	27	17.1	27	19.9
Maine	38	21.4	49	30.6	Vermont	15	20.9	16	23.0
Maryland	88	19.9	97	26.2	Virginia	220	32.4	236	38.6
Massachusetts	174	21.0	199	28.6	Washington	68	17.4	56	18.3
Michigan	257	20.7	291	27.1	West Virginia	103	23.5	124	28.2
Minnesota	96	16.3	111	20.4	Wisconsin	114	17.8	136	23.8
Mississippi	249	43.9	308	56.3	Wyoming	13	23.4	10	18.8
Missouri	182	25.7	199	30.5					

[1] Tabulations are by place of residence of mother.
[2] Deaths due directly to diseases of pregnancy, childbirth, and the puerperium.

FIG 2. MATERNAL MORTALITY BY RACE: STATES HAVING 2,500 OR MORE NEGRO LIVE BIRTHS IN 1942

(Data from U. S. Bureau of the Census)

In the 24 States with 2,500 or more Negro live births,[3] the lowest maternal mortality rate for Negroes was 33.7 (District of Columbia) and the highest was 80.1 (Florida). (See fig. 2.)

The difference between the rates for whites and Negroes in these 24 States varies considerably. The greatest difference is in Michigan, where the Negro rate is almost four times the white rate; the least is in the District of Columbia, where the Negro rate is less than 1½ times the white rate.

Causes of Maternal Death.

Accompanying an increase of more than 500,000 live births from 1939 to 1942 there was a decrease of nearly 2,000 maternal deaths. (See table 5.) In each year from 1939 on,[4] infection has been the cause of the largest number of maternal deaths. In 1939 and 1940 there were more deaths from toxemias than from the group, "hemorrhage, trauma, or shock." In 1941 the two groups differed by only 1 maternal death. In 1942 there were noticeably fewer deaths from toxemias than from hemorrhage, trauma, or shock (1,866 from toxemia, 2,018 from hemorrhage, trauma, or shock).

Three causes of death—infection, toxemias, and the group comprising hemorrhage, trauma, or shock—were responsible for 90 percent of the 7,267 maternal deaths in 1942. The remaining 765 deaths were due to other and unspecified causes.

Infection was responsible for 2,618 (36 percent) of the deaths. The death rate for this cause was 9.3 per 10,000 live births in 1942 and 12.1 in 1941—a reduction of 23 percent.

The other two major groups of causes, toxemias and the group, "hemorrhage, trauma, or

[3] The figure of 2,500 Negro live births was used as a minimum in order to provide statistical stability to the rates by race.

[4] Maternal deaths from 1939 on have been classified according to the 1938 revision of the International List of Causes of Death, which makes possible a classification of deaths according to outcome of pregnancy.

TABLE 5.—*Maternal deaths from each cause, by time of death; United States, 1942 and 1941*

Cause of death	Number of maternal deaths									
	Total		During or after ectopic pregnancy		During or after abortion [1]		Before delivery [2]		During or after childbirth [3]	
	1942	1941	1942	1941	1942	1941	1942	1941	1942	1941
All causes	7,267	7,956	346	358	1,231	1,384	1,110	1,100	4,580	5,114
Infection	2,618	3,034	76	77	929	1,014			1,613	1,943
Toxemias	1,866	2,031			79	101	777	769	1,010	1,161
Eclampsia	969	1,016					384	364	585	652
Albuminuria and nephritis	437	491					184	188	253	303
Other toxemias	460	524			79	101	209	217	172	206
Hemorrhage, trauma, or shock	2,018	2,032	270	281	111	125	61	63	1,576	1,563
Other and unspecified causes	765	859			112	144	272	268	381	447

[1] Abortion: Termination of a uterine pregnancy prior to 7 lunar months (28 weeks) of gestation.
[2] Deaths before delivery: Deaths of all women who died undelivered during uterine pregnancy.
[3] Childbirth: Termination of a uterine pregnancy at 7 lunar months (28 weeks) or more of gestation.

shock," were responsible for 26 and 28 percent of the deaths, respectively. The death rates in 1942 from these two groups of causes were 6.7 and 7.2 per 10,000 live births. These rates represent decreases of 17 and 11 percent respectively from the 1941 rates.

The greatest gain in reducing maternal death rates was made where infection was the cause of death. Increased hospitalization and improved methods of treatment may be the reason for this reduction.

Maternal Mortality and Time of Death.

When the maternal mortality rates for 1942 and 1941 are compared according to the time of death, a decrease is found for each of the four time classifications shown in table 5, as follows:

MATERNAL DEATHS PER 10,000 LIVE BIRTHS

	During or after ectopic pregnancy	*During or after abortion*	*Before delivery*	*During or after childbirth*
1942	7.2	4.4	4.0	16.3
1941	1.4	5.5	4.4	20.3
Percent change	*—14*	*—20*	*—9*	*—15*

The smallest decrease was for the deaths that occurred before delivery. The smallness of the decrease was due to an actual increase in the number of maternal deaths from eclampsia and from other and unspecified causes occurring before delivery.

Infant Mortality

In 1942, 113,492 infants died before they were a year old—nearly 500 fewer than died in 1941. The infant mortality rate for 1942 was 40.4 per 1,000 live births, a reduction of 11 percent from the 1941 rate of 45.3.

In any discussion of infant mortality rates, the customary method used in arriving at the annual rate should be kept in mind. This is to divide the number of infant deaths that occurred in a calendar year by the number of live births that occurred during the same period. Since the infant deaths are, by definition, the deaths of all infants that die before they reach one year of age, it is obvious that, for example, some of the infants that died in 1942 were born in the latter part of 1941 and are therefore not included in the 1942 births, and conversely some of the infants born in 1942 will have died in 1943 and are therefore not included in the infant deaths for 1942.

When the number of births does not vary much from one year to the next the infant mortality rate as usually calculated is not greatly in error. When the number of births is changing rapidly, as in the last few years, such a rate may be quite inaccurate. During 1941 and 1942 the number of births increased sharply, and therefore the infant mortality rate as usually calculated is lower for each year than the true rate. However, the rate declined in 1942 even when allowance is made for this increase in births; the corrected rates for 1942 and 1941, as estimated by the Bureau of the Census, are 41.6 and 46.1, respectively.

The reduction in the infant mortality rate was more pronounced for Negroes than for whites, as will be seen from the following comparison:

DEATHS OF INFANTS UNDER 1 YEAR PER 1,000 LIVE BIRTHS

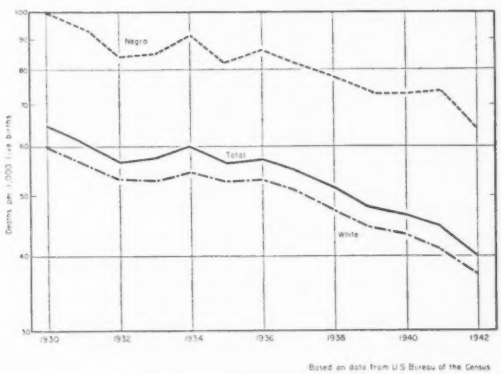
	Total	*White*	*Negro*	*Other*
1942	40.4	37.3	64.2	74.1
1941	45.3	41.2	74.1	88.8
Percent change	*—11*	*—10*	*—13*	*—17*

Infant Mortality by States.

Table 6 shows the infant mortality rate for each State for 1942 and for 1941. In 1942 more than half the States had rates lower than that for the country as a whole, and two States (Connecticut and Minnesota) had rates below 30.0 per 1,000 live births, which was the lowest rate previously reported for any State. In contrast to these low rates, however, some States showed extremely high ones—Arizona 80.1 and New Mexico 97.9.

Although the infant mortality rate for the United States has been decreasing every year since 1936, some individual States each year show rates higher than for the preceding year.

FIG. 3.—INFANT MORTALITY RATES, BY RACE
1930–42 [1]



Based on data from U.S. Bureau of the Census

[1] Since 1933 all the States have been included in the birth-registration area; in 1930 all but 2 States were included.

TABLE 6.—*Infant mortality; United States and each State, 1942 and 1941* [1]

Area	1942		1941		Area	1942		1941	
	Number of infant deaths [2]	Rate (deaths per 1,000 live births)	Number of infant deaths [2]	Rate (deaths per 1,000 live births)		Number of infant deaths [2]	Rate (deaths per 1,000 live births)	Number of infant deaths [2]	Rate (deaths per 1,000 live births)
United States	113,492	40.4	113,949	45.3	Montana	395	33.7	438	37.9
					Nebraska	791	33.4	759	34.6
Alabama	3,561	50.1	3,827	59.4	Nevada	159	57.2	93	42.3
Arizona	1,014	80.1	1,038	90.9	New Hampshire	329	35.9	329	38.3
Arkansas	1,694	39.7	1,812	44.7	New Jersey	2,542	31.1	2,408	35.8
California	5,385	34.8	4,586	36.6	New Mexico	1,383	97.9	1,437	97.5
Colorado	1,172	49.7	1,113	52.0	New York	7,814	31.9	6,950	33.0
Connecticut	1,088	29.2	888	30.6	North Carolina	4,342	48.3	5,053	59.7
Delaware	266	47.0	221	43.4	North Dakota	488	36.5	492	37.1
District of Columbia	771	50.8	744	57.7	Ohio	5,345	37.0	5,134	40.8
Florida	1,953	47.7	1,985	52.9	Oklahoma	1,906	41.4	2,186	47.7
Georgia	3,571	49.3	3,965	58.4	Oregon	687	30.5	580	30.7
Idaho	415	36.2	417	35.8	Pennsylvania	7,527	38.2	7,125	40.9
Illinois	5,170	33.1	4,661	34.2	Rhode Island	560	39.5	405	34.9
Indiana	2,701	36.6	2,615	39.9	South Carolina	2,866	58.7	3,554	75.0
Iowa	1,623	33.5	1,676	36.3	South Dakota	474	38.2	502	41.3
Kansas	1,205	35.5	1,145	37.6	Tennessee	3,020	46.4	3,250	54.3
Kentucky	3,209	48.4	3,738	58.9	Texas	7,760	53.6	7,744	56.6
Louisiana	2,802	48.2	3,157	57.8	Utah	522	33.0	402	29.7
Maine	816	46.1	818	51.2	Vermont	299	41.7	301	43.2
Maryland	1,941	43.9	1,927	52.0	Virginia	3,565	52.5	3,964	64.9
Massachusetts	2,651	32.0	2,464	35.4	Washington	1,292	33.1	1,061	34.7
Michigan	4,608	37.2	4,161	38.7	West Virginia	2,329	53.0	2,679	60.9
Minnesota	1,739	29.6	1,874	34.5	Wisconsin	2,050	32.0	2,006	35.1
Mississippi	2,680	47.3	3,016	55.1	Wyoming	251	45.1	230	43.2
Missouri	2,761	39.0	3,019	46.3					

[1] Tabulations are by place of residence of mother of child.
[2] Deaths under 1 year, exclusive of stillbirths.

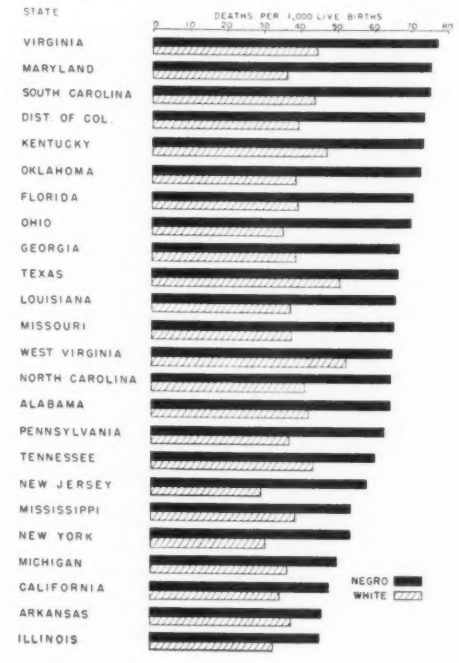
Seven States had higher rates in 1942 than in 1941: Delaware, Idaho, Nevada, New Mexico, Rhode Island, Utah, and Wyoming.

Figure 4 shows the rates for 1942 for white and Negro infant mortality in the 24 States that had a large enough number of Negro births to make the rates statistically valid. (See footnote 3.) In every one of the 24 States the rate is higher for Negroes than for white. The lowest rate for Negroes was 45.8 in Illinois and the highest 77.4 in Virginia.

The difference in the rates for the two races varies widely from State to State. For instance, in Maryland, the Negro rate was more than twice as high as the white rate but in Arkansas and West Virginia the difference was much less pronounced.

FIG. 4. INFANT MORTALITY BY RACE, STATES HAVING 2,500 OR MORE NEGRO LIVE BIRTHS IN 1942

(Data from U. S. Bureau of the Census)



Age of Infants at Time of Death.

Of the 113,492 infant deaths in 1942, 34,616 (31 percent) occurred within the first 24 hours after birth, and 72,122 (64 percent) before the infant reached 1 month of age.

The mortality rate during the first day of life showed little reduction from 1915 to 1941; in 1942 it showed more of a decline. In 1940 the rate for infants under 1 day was 13.9; in 1941, 13.2; and in 1942, 12.3. The mortality rate during the neonatal period (under 1 month) in 1942 continued the generally downward trend that it has shown since 1915, reaching the new low level of 25.7.

Causes of Infant Deaths.

For each of the main groups of causes of infant mortality shown in table 7, the rate was lower in 1942 than in 1941. The greatest percentage reduction in rate was for epidemic and other communicable diseases, possibly as the result of increased use of the newer therapeutic measures in the treatment of these diseases. Gastrointestinal diseases also showed a marked decrease in the rate. The smallest percentage reduction was for natal and prenatal causes, indicating the need for continued medical attention to this problem. In fact, the actual number of deaths from prenatal and natal causes was greater in 1942 than in 1941; congenital debility and syphilis were the only two causes in this group that showed fewer deaths in 1942. The other three main groups of causes all showed fewer deaths in 1942, with the relative distribution of these deaths similar to that in 1941.

Premature birth continued to be responsible for more infant deaths than any other cause; 97 percent of such deaths occurred during the first month after birth.

TABLE 7.—*Causes of death in the first year of life; United States, 1942 and 1941*

Cause of death	Deaths in the first year of life			
	Number		Number per 1,000 live births	
	1942	1941	1942	1941
All causes	113,492	113,949	40.4	45.3
Prenatal and natal causes	70,058	66,380	24.9	26.4
Premature birth	34,504	33,341	12.3	13.3
Congenital malformations	13,672	11,796	4.8	4.7
Injury at birth	11,455	10,889	4.1	4.3
Congenital debility	2,738	2,887	1.0	1.1
Other diseases peculiar to the first year of life	6,704	6,310	2.4	2.5
Syphilis	845	1,042	.3	.4
Tetanus	140	115	(1)	(1)
Respiratory diseases [2]	17,291	17,898	6.2	7.1
Gastrointestinal diseases [3]	9,135	10,813	3.2	4.3
Epidemic and other communicable diseases [4]	2,993	4,010	1.1	1.6
All other specified causes	8,758	9,338	3.1	3.7
Ill-defined and unknown causes	5,257	5,510	1.9	2.2

[1] Less than 0.1 per 1,000 live births.
[2] Influenza, pneumonia, and other diseases of the respiratory system.
[3] Dysentery, diseases of the stomach, diarrhea and enteritis, and other diseases of the digestive system.
[4] Measles, scarlet fever, whooping cough, diphtheria, erysipelas, cerebrospinal (meningococcus) meningitis, and tuberculosis.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

Additional Appropriation for Emergency Maternity and Infant Care

On May 12 the President approved a bill appropriating a sum of $6,700,000 to the Children's Bureau for grants to States for emergency maternity and infant care in the fiscal year ending June 30, 1944, in addition to the $23,000,000 already appropriated. Wives and infants of enlisted men in the fourth, fifth, sixth, and seventh pay grades of the armed forces are eligible for care under this program, which provides medical, hospital, and nursing services.

The report on the bill points out that the additional sum is necessary because the number of wives and infants applying for care has exceeded expectations. Up to April 30 more than 300,000 cases had been authorized by State health departments for care.

BOOK NOTES

HANDBOOK OF NUTRITION. American Medical Association, 535 North Dearborn Street, Chicago 10, 1943. 586 pp. $2.50.

This handbook, prepared under the auspices of the Council on Foods and Nutrition of the American Medical Association, consists of a series of articles that appeared in the Journal of the American Medical Association in 1942 and 1943, and a few additions that have been made. The dietary needs of special groups of the population such as infants and children are discussed, and the question is raised whether the nutritional status of the population will be maintained, improved, or adversely affected by wartime treatment of disease. This handbook should be of value to all professional workers concerned with present-day problems in the field of nutrition.

AN INTRODUCTION TO FOODS AND NUTRITION, by Henry C. Sherman and Caroline Sherman Lanford. Macmillan Co., New York, 1943. 292 pp. $2.

Addressed primarily to the college student and the average adult with no scientific background in the field of nutrition, this book discusses the nutritive requirements of individuals as influenced by age, sex, and occupation, and the contributions of the several groups of food, and gives practical suggestions for meeting these needs at different economic levels. Emphasis is placed on modifications that must be made to meet present conditions of food shortages and rationing.

Indiana Programs for Children of Working Mothers[1]

By Louise Griffin

Director, Children's Division, State Department of Public Welfare, Indiana

Responsibilities of State Welfare Department

In relation to programs for care of children of working mothers, the responsibilities of the State welfare department, as summarized by Miss Griffin, should be:

1. To understand what is involved in the need for day-care services and the kind of services possible, and to establish standards for the various types of day-care facilities.

2. To stimulate and give leadership to communities, whenever possible, in finding and recognizing need for day-care services.

3. To assist the communities, through consultation service, in the organization and utilization of their local resources and in the understanding of outside resources.

4. To assist local agencies and committees in planning and establishing facilities of various types and in establishing facilities which will meet standards.

5. To assist in the development of a specific facility and its program whenever another State or Federal agency is not assuming this responsibility. Where the department of public welfare has licensing responsibility, regular supervision should be given to the local nursery or other agency. Where the department of public welfare does not have licensing responsibility, services may be limited to those of a consultative nature.

6. To assist child-welfare agencies and day-care centers or nurseries in the development of staff through consultation service and in-service training programs.

7. To work with Federal agencies and other State agencies having responsibility in this field with the aim of coordinating services on a State and local level and of improving services.

The Children's Division of the Indiana Department of Public Welfare has assigned to it by law the responsibility for administering or supervising all public child-welfare services and for administering the licensing function of the State department with regard to child-caring agencies. This includes the following responsibilities related to day-care services:

1. Supervision of the county departments of public welfare in child-welfare services. There is a county department of public welfare in each county and these have specific and broad responsibilities for children.
2. Licensing and supervision of all child-caring institutions and agencies, boarding homes for children, and maternity homes and hospitals. The licensing law has been interpreted to include day nurseries and boarding homes for day care.
3. Supervision of dependent and neglected children in foster homes and in institutions.
4. Extension and development of child-welfare services in areas predominantly rural and in areas of special need in cooperation with the United States Children's Bureau through the use of Federal funds.

These responsibilities for children are both specific and broad.

To carry out these responsibilities the State Department of Public Welfare has in each of its 12 district offices a district representative who represents the Children's Division in administrative supervision of the county departments of public welfare and in over-all planning and community organization. There is also a child-welfare consultant in each district office who works with the district representative in the development of child-welfare programs, under the supervision of the Children's Division. The district child-welfare consultant works with the county department of public welfare in the development of child-welfare-service programs, studies and supervises all child-caring institutions and agencies for which the Children's Division has licensing responsibility, and reviews, for purposes of licensing, studies of full-time and day-care

[1] Presented at Conference on Special Problems of Children in Wartime, Washington, D. C., February 4–6, 1944.

boarding homes made by the county departments and child-placing agencies. Where special services have been established in a county, the special child-welfare consultant and the child-welfare-service supervisor assume the responsibilities of the district child-welfare consultant. Special services have been given to eight counties in war areas.

State Committee on Children in Wartime Appointed by Governor.

In October 1942 the Governor appointed a State committee on care of children in wartime and appointed as chairman Thurman A. Gottschalk, administrator of the State Department of Public Welfare. This committee is an official committee of the State Defense Council. Its membership, starting with 28 representatives of interested State organizations and agencies, has gradually increased to 44.

The State Department of Public Welfare immediately arranged to lend a child-welfare consultant to the committee to act as executive secretary on a full-time basis. The secretary's office is located in the Office of Civilian Defense. Because of the need of the committee for field staff, plans were made in February 1943 for the district representatives of the State Department of Public Welfare to act as field staff for the State committee. Certain disadvantages in using the field staff of the State Department of Public Welfare for the State committee were recognized, but it was thought that the advantages outweighed the disadvantages.

Stimulates Establishment of Needed Day-Care Facilities.

The State committee gave its immediate attention to coordinating services of State agencies and to stimulating the establishment of needed day-care facilities. Most of the State committee's time was given to day-care services until November 1943, when a subcommittee on delinquency was appointed, with the plan of immediately starting an active program.

The executive secretary and the committee's field staff have worked with all types of agencies and organizations interested in planning for day care of children. When it has seemed, for instance, that an application for Lanham Act funds should be made through the school, the local committee has been given assistance in getting a member of the staff of the Work Projects Administration (later, of the Federal Works Agency), to plan with them. When a nursery was to be established which would be licensed by the Children's Division of the State Department of Public Welfare, the child-welfare consultant has been called in to plan with the local committee or agency. During the time that allotments from the President's Emergency Fund were available a special field staff in the State Office of Education helped in establishing facilities in the schools.

When new day-care centers and nurseries were looking for staff it became evident that available people trained in child development and nursery education were practically nonexistent in the State, although a number of people with 2 or more years of college and teaching experience were interested in working in the centers. For that reason the State committee in June appointed a subcommittee on recruitment and training. It seemed to the subcommittee that the most immediate need was for in-service training, which would be given in the cities where the centers were located, so that the staffs could carry on their regular work at the same time that they were receiving the training. Purdue University, Indiana University, the State Board of Health, and the State Department of Public Welfare agreed to pay the expenses of people from their staffs, who were to assist with the course.

Training Course for Day-Care Staff Given in Two Urban Areas.

This course has been given in Indianapolis and in one other urban area. (Plans are now being made to give courses to staffs in smaller cities.) This course and future plans for training have been described in an article published in the January number of the Bulletin of the Child Welfare League of America.

The child-welfare consultants have worked with county departments of public welfare and licensed child-placing agencies in planning for boarding homes for day care. In three urban centers a local agency wanted to use volunteers to make studies of such homes. The Children's Division, however, required that any such program be under the close supervision of either the county department of public welfare or a licensed child-placing agency and did not accept the studies for licensing unless they were so supervised. In these centers training courses were given for volunteers, and the child-welfare consultant helped with the planning and giving of these courses.

State Has 264 Licensed Boarding Homes for Day Care.

Indiana now has 264 licensed boarding homes for day care. Nearly all these are in urban centers, but a few are in rural areas. This is a small number for the whole State, even though it is a type of care which has developed almost

entirely during the past 1½ years. Many of the boarding homes licensed are still not in use, but the use of them is steadily increasing. The finding and use of boarding homes for day care is one of the problems that the district representatives and child-welfare consultants have discussed with local agencies and committees in an effort to bring about better use of this type of care.

Standards Developed by Children's Division.

The Children's Division of the State Department of Public Welfare has developed standards for day nurseries and boarding homes for day care; with supplementary standards for large boarding homes for day care. All these were adopted May 1942.

The day-nursery standards were prepared by a subcommittee of the State advisory committee on child-welfare services. Staff members of the Work Projects Administration and of the Bureau of Maternal and Child Health of the State Board of Health gave assistance in developing the standards, which were then carefully reviewed by the large committee. These standards include both minimum and recommended standards. Our experience in using them has convinced us that the minimum standards are really minimum. We have, however, gone along with the opening of nurseries in areas where they are needed when the facilities would not, for a time, meet standards for licensing. For example, in Indianapolis when the Emergency Day-Care Services were finally established in May 1943 facilities were badly needed. The Children's Division arranged for the regular child-welfare consultant in that district to have the assistance of another child-welfare consultant who has spent half her time working with the Emergency Day-Care Services and other organizations interested in establishing day-care facilities. I discussed the day-nursery standards with the president of the board of the Emergency Day-Care Services and we agreed on a plan for working together in getting facilities established and in meeting standards. The board agreed that these standards should be met as soon as possible. This board now is responsible for eight nurseries and is expecting to open four others. Six of the eight are licensed. The other two will be licensed soon.

The standards for boarding homes for day care were written by a staff committee. When it was decided that volunteers could be used under supervision for study of these homes, a committee was appointed in the Children's Division to prepare a form for recording, which combines the use of a form of factual material and an outline for a narrative to follow. The county departments of public welfare and child-placing agencies have found this form most helpful to both staff members and volunteers.

The State committee field staff and the child-welfare consultants have discussed with local agencies and committees the need for counseling service, but thus far very little of this type of service has been used. In two of the urban areas, however, good counseling programs are established and their use is increasing.

The State committee has worked closely with the State Department of Public Welfare and has carried some responsibilities which the State department would have assumed if there had not been that committee organization. The coordination of services given by all State and Federal agencies having responsibility for day care of children has, I believe, been the most important service of the State committee. The executive secretary of the committee has had frequent conferences with the district representatives in their capacity as field staff for the committee and has met with the district representatives and child-welfare consultants in the regular monthly staff meetings of the State department to discuss programs and problems.

Local programs for day care of children have seemed to us to develop very slowly, and many times along the way we have become discouraged. Keeping the State staff concerned about the need for day-care facilities where local people show no interest in the establishment of a day-care program has been most difficult. We have found that surveys often do not show the need when it exists. Finding a new approach to the community where the number of women working is already large and is increasing but where there is lack of local interest is one of our real problems.

Developing Local Leadership a Problem.

Another problem is that of developing local leadership. It was decided that the State committee should work through local civilian-defense directors and committees unless day-care committees were already organized under different auspices. This plan has not provided responsible leadership in many communities, and it has taken considerable time to bring about a different kind of organization in the few spots where a change has been accomplished. The State committee believed that the selection of the committee personnel and chairmen should be left to the local community, except that the State committee did suggest

organizations and agencies that should be represented.

Another problem is that of shortage and limitations of staff, both State and local.

Overcoming the attitude that mothers should not work and that providing facilities for day care would encourage mothers to work when they should not leave their children has been a continuous problem.

We still have not been successful in our efforts to help communities see the importance of including the parents of the children in the planning and program development. This has been done in only a few spots with a few parents. Parents are still making their own plans and too often they are very poor plans. They are not responding to community planning as they should, and I believe this is due largely to their not being a part of the planning. We have more and more unlicensed boarding homes coming to our attention.

We are also concerned with the placement of babies in nurseries. Most of the nurseries do not take children under 2 years of age, but a few nurseries do. One nursery established by an industry has encouraged mothers to leave their babies in the nursery. There is also the problem of caring for children when parents work at night.

With all our problems, we have had real accomplishments during the past year. Many communities are now concerned about the care of children while mothers work and some good programs have been established. It is very encouraging to see communities become really concerned about their children and to witness community organization directed toward better opportunities and better services for all children. It is my hope that this concern and this kind of organization can be carried over to post-war days.

Conference on Police Work With Juveniles

Better community understanding of juvenile delinquents and of the resources available for helping them, improvement in techniques for handling cases and referring them from one group to another, and coordination of effort by all groups in the community, including the police, who work with juveniles—this is the threefold program drawn up at a meeting of chiefs of police, sheriffs, and representatives of social agencies held at the Children's Bureau on May 9, 1944. A report on the training of police officers for work with juveniles, prepared by a subcommittee, was presented and discussed.

An advisory committee including the persons present at the meeting has been appointed by the Secretary of Labor to work with the Bureau and with the International Association of Chiefs of Police in realizing this program, which will be correlated with other aspects of the Bureau's work, especially those dealing with juvenile courts, training schools for maladjusted children, group-work and recreation programs, and day care for children of working mothers.

Committee on Plans for Children and Youth

The Committee on Plans for Children and Youth, appointed by the Chairman of the Children's Bureau Commission on Children in Wartime, held its first meeting May 6, 1944. The committee is responsible for blocking out the areas in which planning is needed, for calling upon the Children's Bureau advisory committees, other agencies, and the Children's Bureau staff to develop practicable proposals within their respective fields, and for guiding the preparation of proposals for the consideration of the Commission.

The membership of the commitee is drawn from the executive committee of the Commission and includes the following:

Mrs. Harriet A. Houdlette, *Chairman.*

A. W. Dent
John W. Edelman
Henry F. Helmholz, M. D.
Kate Bullock Helms
Boris Shishkin
Roy Sorenson
George S. Stevenson, M. D.
Gertrude Folks Zimand

THE WORLD'S CHILDREN

Congressional Resolution Relating to Food for Occupied Countries

On April 17 the House of Representatives passed a resolution (H. Res. 221) in favor of the feeding of the people of enemy-occupied countries. An identical resolution (S. Res. 100) had already been passed in the Senate by unanimous vote.

A report of the Senate hearings on this resolution before a subcommittee of the Committee on Foreign Relations has been printed (Relief for Starving Peoples of Europe. Government Printing Office, Washington, 1944. 159 pp.)

Great Britain

Health of Children

The strengthening of various public-health measures and health services for mothers and children was reflected in the vital statistics of Great Britain, according to the SUMMARY REPORT OF MINISTRY OF HEALTH FOR THE YEAR ENDED MARCH 31, 1943 (Comd. 6468. H. M. Stationery Office, London, 1943. 56 pp. Price 1s, net).

The live birth rate of 15.8 per 1,000 population was the highest since 1931. The provisional infant mortality rate was 49 per 1,000 live births compared with 59 in 1941. The maternal mortality rate was 2.47 per 1,000 live births compared with 2.76 in 1941. The mortality rate for children 1 to 5 years of age was 2 percent below the 1941 rate and that for children 5 to 15 years of age fell to the 1939 level.

The campaign for inoculation against diphtheria was pressed strongly, with more than 1,380,000 children immunized during the calendar year 1942. Deaths from diphtheria reached a new low level.

The death rate from tuberculosis, which had been increasing for 2 years, was brought down to about the pre-war level.

The emergency maternity homes established during the period of sustained air attack continued popular. At the end of March 1943, 105 of these maternity homes with some 2,750 beds were in operation, together with 65 antenatal and 11 postnatal hostels. About 32,000 mothers evacuated from metropolitan and other target areas were sent to the emergency maternity homes during the year.

The age of children for whom cod-liver oil and orange juice were made available free or at low cost was raised from 2 to 5 years.

Peru

Additional Health Services for Mothers and Children

A recent decree of the President of Peru provides for the establishment of the following additional health services for mothers and children in various parts of the country: Two prenatal clinics, three prenatal clinics combined with child-health centers, two child-health centers, and one lunchroom for expectant and nursing mothers. These institutions, like those already in existence, are to be under the supervision of the National Institute of the Child, official national agency in charge of all services for mothers and children in Peru, and are to be maintained by appropriations from the Institute's budget.

Five midwives are now employed by the Institute to provide attendance at childbirth in the home to women in Lima. Although there is a free public maternity hospital in Lima, it has been found advisable to provide this home service to the mothers of small children, when the home environment is suitable and the physical condition of the woman, as observed at a prenatal clinic, warrants expectation of a normal delivery. This service is at present limited to the city of Lima, but its extension to other cities is expected.

Boletín del Instituto Nacional del Niño, Lima, Vol. 3, No. 9–10, 1943.

UNRRA Notes

Dr. Martha M. Eliot, Associate Chief of the Children's Bureau, has been designated as an alternate to Dr. Thomas Parran as United States representative on the Standing Technical Committee on Health, Council of the United Nations Relief and Rehabilitation Administration.

To assist in planning welfare services for mothers and children in liberated areas, a child-care branch has recently been established in the Welfare Division of the United Nations Relief and Rehabilitation Administration.

• YOUNG WORKERS IN WARTIME •

Are Newsboys Employees?

The question of whether children selling and delivering newspapers are employees of the publisher has been for a long time one of great interest to persons concerned with child labor, because on this point often depends the possibility of safeguarding the work of these children through legislation. By calling the boys who sell and deliver their papers "independent contractors," publishers to a large extent have escaped many of the labor-law obligations ordinarily resting upon employers. A recent United States Supreme Court decision (*National Labor Relations Board* v. *Hearst Publications, et al.*, decided April 24, 1944) is significant in this connection, although the "newsboys" in the case before the court were full-time adult workers who sell at established spots.

The Court upheld the decision of the National Labor Relations Board requiring four Los Angeles daily newspapers to bargain collectively with a union representing newsboys who distribute their papers on the streets of that city. The newspapers had replied that these newsboys were not their "employees" within the meaning of the National Labor Relations Act. The court discussed the supervision and control exercised by the papers over these newsboys and held that it was sufficient to justify the National Labor Relations Board's designation of the newsboys as employees.

Justice Wiley Rutledge wrote the majority opinion, to which Justice Owen J. Roberts alone dissented.

BOOK NOTES

UTILIZATION OF YOUTH IN AIRCRAFT.—Aircraft War Production Council, Inc., Los Angeles, November 1943. 15 pp. Mimeographed.

This report describes the experience of a number of southern California aircraft companies in employing 16- and 17-year-old boys and girls on a part-time basis to help meet wartime labor needs. On the whole, plant officials found that these young people were enthusiastic, energetic, and ambitious workers, able to learn more quickly than adults and capable of efficient, highly productive work. They found also that the successful employment of 16- and 17-year-olds depends largely upon special supervision and adequate safeguards. For example, Federal and State regulations for the protection of minors must be observed; special safety precautions must be taken; and special supervision is needed to direct the energies and exuberance of minors into productive channels.

Particular attention must also be given to coordination of school and working hours, for it is recognized that employment which interferes greatly with the normal educational process may have an adverse effect on some boys and girls. The report discusses the several plans developed for combined school and work and states that school authorities are overwhelmingly in favor of the so-called "4–4 plan" whereby students 16 years of age and older work 4 hours per day and attend school for a like number of hours.

The experience of the aircraft industry should prove of value to other industries employing or contemplating the employment of high-school youth in order to meet critical manpower shortages. Copies of the report may be secured by writing to the Aircraft War Production Council, Los Angeles, California.

WORK LEADERS FOR GROUPS OF NONFARM YOUTH EMPLOYED IN AGRICULTURE. Prepared by the Children's Bureau in consultation with the Extension Farm Labor Program, War Food Administration, and Office of Education. Bureau Publication 305. Washington, 1944. 10 pp.

Supervision on the job for groups of young workers on farms has proved to be an important factor in the success of Victory Farm Volunteers programs. The advantages—to the farmer, to the young workers, and their parents, and to the agency responsible for the program—of having competent and understanding work leaders for the boys and girls are pointed out in this pamphlet. The job, the qualifications, and the preparation of work leaders are described, and some hints are given on recruiting suitable candidates.

Copies of the work-leader pamphlet can be obtained from the Children's Bureau on request.

I. L. O. Adopts Philadelphia Charter

The present aims and purposes of the International Labor Organization are expressed in the Philadelphia Charter adopted by the International Labor Conference on May 10, 1944. The first of the Charter's five sections, reaffirming certain fundamental principles, and the third, enumerating specific aims which the I. L. O. pledges itself to further among the nations of the world, are quoted here in full:

I

The conference reaffirms the fundamental principles on which the organization is based and, in particular, that:

(*a*) Labor is not a commodity;

(*b*) Freedom of expression and of association are essential to sustained progress;

(*c*) Poverty anywhere constitutes a danger to prosperity everywhere;

(*d*) The war against want requires to be carried on with unrelenting vigor within each nation, and by continuous and concerted international effort in which the representatives of workers and employers, enjoying equal status with those of governments, join with them in free discussion and democratic decision with a view to the promotion of the common welfare.

* * * * *

III

The conference recognizes the solemn obligation of the International Labor Organization to further among the nations of the world programs which will achieve:

(*a*) Full employment and the raising of standards of living;

(*b*) The employment of workers in the occupations in which they can have the satisfaction of giving the fullest measure of their skill and attainments and make their greatest contribution to the common well-being;

(*c*) The provision, as a means to the attainment of this end and under adequate guarantees for all concerned, of facilities for training and the transfer of labor, including migration for employment and settlement;

(*d*) Policies in regard to wages and earnings, hours and other conditions of work calculated to insure a just share of the fruits of progress to all, and a minimum living wage to all employed and in need of such protection;

(*e*) The effective recognition of the right of collective bargaining, the cooperation of management and labor in the continuous improvement of productive efficiency, and the collaboration of workers and employers in the preparation and application of social and economic measures;

(*f*) The extension of social security measures to provide a basic income to all in need of such protection and comprehensive medical care;

(*g*) Adequate protection for the life and health of workers in all occupations;

(*h*) Provision for child welfare and maternity protection;

(*i*) The provision of adequate nutrition, housing and facilities for recreation and culture;

(*j*) The assurance of equality of educational and vocational opportunity.

Child-Labor Kits

Kits of material have been prepared by the National Child Labor Committee to assist local groups undertaking campaigns along the lines suggested in the Child Labor Manifesto (see *The Child*, February 1944). The kits contain suggestions as to procedures and pertinent reference material for use in awakening public opinion and organizing remedial measures against illegal child labor, legal but excessive part-time employment, and the wholesale exodus of children from schools to work.

The subjects covered are: Study of physical-examination procedure for work permits; Campaign to reduce illegal employment; Stay-in-school campaign; Survey of work by school children outside of school hours; and Cooperative school and part-time work programs.

These kits, and also two kits prepared by the National Board, Young Women's Christian Associations, on vocational-counseling services and on discussion groups for employed young people, can be obtained free of charge from the National Child Labor Committee, 419 Fourth Avenue, New York 16, N. Y.

CONFERENCE CALENDAR

June 12–16. American Medical Association. Annual session. Chicago. Permanent headquarters: 535 North Dearborn Street, Chicago.

June 20–23. American Home Economics Association. Chicago. Permanent headquarters: 620 Mills Building, Washington.

June 27–July 3. Christian Youth Conference of North America. Lakeside, Ohio. For further information: The International Council of Religious Education, 203 North Wabash Avenue, Chicago.

July 4–7. National Education Association of the United States. Eighty-second annual meeting. Pittsburgh. Permanent headquarters: 1201 Sixteenth Street NW., Washington.

U. S. GOVERNMENT PRINTING OFFICE: 1944